

TRAFFIC UNIT #2		<input checked="" type="checkbox"/> Vehicle		<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Non-Contact Vehicle	
OPERATOR #2 or PEDESTRIAN NAME (Last, First, <i>Middle</i> Initial)							
Velez, Krystal, Y							
ADDRESS (Street Number & Name)					PROPER LICENSE CLASS		
955 Main Street					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
CITY OR TOWN		STATE		ZIP CODE		SEX	
Bridgeport		CT		06604		<input checked="" type="checkbox"/> M <input type="checkbox"/> F	
OPERATOR LICENSE #				STATE		DATE OF BIRTH	
137512441				CT		0   1   2   8   8   6	
OWNER'S NAME (Enter SAME If Owner is Operator)							
Porto, Mireya							
ADDRESS (Street Number and Name)							
2612 North Avenue							
CITY OR TOWN		STATE		ZIP CODE		BODY TYPE	
Bridgeport		CT		06604		4 door	
REGISTRATION #		STATE		VEHICLE YEAR AND MAKE			
174WHN		CT		2002 Honda Accord			
VEHICLE IDENTIFICATION NUMBER							
1   H   G   C   G   1   6   5   0   2   A   0   2   2   7   5   7							
CARRIER NAME							
CARRIER ADDRESS (# Street City or Town State Zip Code)							
SOURCE OF CARRIER NAME				<input type="checkbox"/> USDOT			
<input type="checkbox"/> Shipping Papers/ Tnp Manifest				<input type="checkbox"/> ICCMC			
<input type="checkbox"/> Driver <input type="checkbox"/> Side of Vehicle							
GROSS VEHICLE WEIGHT				HAZARDOUS Material PLACARD			
RATING #				REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No . 4 DIGIT #			
				DISPLAYED' <input type="checkbox"/> Yes <input type="checkbox"/> No 1 DIGIT #			
HAZARDOUS CARGO				ENFORCEMENT ACTION TAKEN <input checked="" type="checkbox"/> None			
RELEASED? <input type="checkbox"/> <input type="checkbox"/> No				<input type="checkbox"/> Arrest <input type="checkbox"/> Written Warning <input type="checkbox"/> Verbal			
STATUTE OR ORDINANCE #'S				SUBJECT OF ACTION			
N/A				<input type="checkbox"/> Operator <input type="checkbox"/> Carrier			
				<input type="checkbox"/> Owner <input type="checkbox"/> Pedestrian			
AUTOMOBILE INSURANCE - NAME - POLICY #							
Allstate #9 25 019415 12/15							
PARTS OF VEHICLE DAMAGED							
Heavy Front End damage							
VEHICLE TOWED TO:				<input checked="" type="checkbox"/> TOWED DUE TO DAMAGE			
Bud's							

	L.	M.	N.	NAME AND ADDRESS OF EACH INVOLVED PERSON	Date of Birth	O.	P.	O.
1	1	N	01	TRAFFIC UNIT #1 OPERATOR OR PEDESTRIAN #1		4	3	1
2	2	C	01	TRAFFIC UNIT #2 OPERATOR OR PEDESTRIAN #2		4	3	1
3	1	N	04	Dejanee Rodriguez, 2098 North Ave, Bpt, CT	1   0   0   8   9   8	4	3	1
4	1	N	05	Cummings-Ayala, Natalia, 2098 North Ave, Bpt, CT	0   6   1   6   0   5	4	3	1
5	W	/	/	Charise Stokes, 146 Larkin CT, Stfd, CT	0   2   2   1   6   9	/	/	/
6	W	/	/	Kenneth Stokes, 146 Larkin CT, Stfd, CT	0   6   2   4   6   7	/	/	/
7								
8								

ALL INVOLVED PERSONS